OUTLINE AND PRESENTATION

LESSON PLAN

INTRODUCTION

Course Title: Dispute Intervention and Conflict Management

Instructional Goals:

Introduce the student to the basic skills and practices which will enable the officer to bring disputes under control, manage conflict and recognize / handle situations involving suicidal persons.

Instructional Objectives:

- Upon completion of this course, participants will be able to:
 - Identify basic terms and their definitions related to conflict management.
 - Identify actions which can be taken by an officer to resolve a conflict.
 - ❖ Identify the role of a police dispatcher/telecommunicator in a crisis situation.
 - Identify safety procedures an officer should follow in a crisis situation.
 - ❖ Identify control techniques to be used when intervening in a dispute.
 - Identify basic information gathering techniques when entering a dispute.
 - ❖ Identify the scope of suicide as a police problem.
 - ❖ Identify the officer's duties as a first responder to an attempted suicide.
 - ❖ Identify calming techniques which may be used with a suicidal person.
 - Identify basic steps to be used in investigating a suicide.

Instructional Methods:			
	Lecture, discussion, group work		
	Handouts:		
	Estimated Time: 8 Hrs		
	Instructor:	Presentation Date:	
	Prepared by:	Date:	
	Approved by:	Date:	
	Revised:		

- Conflict
- ❖ A circumstance where two opposing forces create a situation of *tension*. Conflict is part of everyday life and it takes many forms; emotional disturbance resulting in a clash of impulses. When conflict arises, people react unconsciously in ways they have developed from their experiences and observations. People's lives depend not on whether they have conflict, but what they do with that conflict. Any person who has had a powerful and successful life by whatever definition, has created conflict.
- Alternative actions that can be used to resolve a conflict
- ❖ **Separate** the disputants and interview each party separately.
- Focus Have the subject focus on problems rather than each other.
- * Reconciliation should be encouraged by identification of common goals and discussing their needs openly.
- Reconciliation
- ❖ The parties express anger, fear, and <u>frustration</u> openly and directly rather than indirectly.
- Threats are eliminated and the parties use their peacemaking skills, or they accept help in applying their peacemaking skills.
- The parties approach the solution <u>objectively</u>, not emotionally.
 - If the aforementioned fails, refer the subjects to the <u>courts</u> and/or legal process.
- Reconciliation
- In a landlord/ten ant dispute the common goal may be that they can find a way to stop making one another's lives miserable.
- ❖ If trying to convince someone suffering from mental illness to get help, the common goal is that both you, the officer, and they will fell better if they are somewhere <u>safe</u> and where they will be well taken care of.
- In a spousal abuse case the common goal might be that further <u>injury</u>, and therefore a more serous prosecution of the abuser, could be avoided.
- Before intervening in a dispute situation, <u>safety</u> procedures should be adhered to while enroute to the location.
- The Dispatcher as an Evidence Gatherer
- The dispatcher is usually your <u>first</u> source of information. He/she is your source for information even before you arrive on the scene.
 - The need for the dispatcher to <u>listen</u> to the complainant as he/she is reporting the incident.
 - Sounds of danger, cries for help
 - Name and address of the incident.
 - ❖ Who is calling; are they holding on the line so that additional information can be gleaned as you are en-route? If not, does the dispatcher have a call back number?
 - Is this the residence of a licensed <u>gun</u> permit holder?
- The Dispatcher as an Evidence Gatherer
- Has a weapon been displayed? If so, what kind is it? Are there additional weapons at this location? Additional <u>ammunition</u>?
- How many persons are involved in the dispute?
- Information regarding whether the subject is under the influence of drugs or alcohol. (Remember drugs and alcohol make naturally violent people more likely to be violent. They **DO NOT** make naturally non-violent people violent.)

- Information regarding whether the subject may be suicidal. The officer should view a suicidal abuser as a <u>homicide</u> risk.
- The Dispatcher as Evidence Gatherer
- How many persons <u>reside</u> at the location?
- ❖ Do any <u>children</u> reside there? How many? Are they presently at home?
- ❖ Are there innocent **bystanders** on the scene?
- ❖ Have there been *prior* calls at this location?
- ❖ What was the nature of the calls?
- Proper Safety Procedures
- Upon your arrival before entering:
 - ❖ Be aware of all of the aforementioned *information*
 - **❖ Backup** unit en-route?
 - ❖ The need for a cautious approach is extremely important. If the officer does not <u>arrive</u> safely he cannot help anyone.
 - ❖ The activation of your light and siren is not to be taken lightly, many a dispute has turned into a <u>barricaded</u> suspect or a <u>hostage</u> situation at the sound of the approaching police units.
- Proper Safety Procedures
- Safety concerns upon arrival. Have a plan!!!
 - Stop at least one house away. If it is a commercial location make sure you can't be observed by the subjects from inside.
 - Look for evidence of the <u>severity</u> of the dispute. (Signs of a <u>struggle</u>, blood, broken glass, etc. This can also play an important part if needed in the event that entry must be <u>forced</u>.)
 - Notify communications center of your arrival on the scene and advise responding units of where and <u>how to</u> approach.
 - Await backup unit to arrive. (Unless immediate <u>intervention</u> is necessary)
- Proper Safety Procedures
 - Take your portable radio and flashlight.
 - Position your unit so that other units can access the scene such as <u>ambulance</u>, SERT, fire, etc.
 - ❖ Secure your unit.
 - Location of all <u>parties</u> in the dispute and if weapons were used, confiscate them.

 (Disputes and disturbance calls rank as the most <u>dangerous</u> law enforcement contact! Seven officers were killed from 1990-94 while responding to dispute and disturbance calls. Three of the victim officers were killed by suspects that appeared calm and were not perceived as a *threat*.)
- Proper Safety Procedures
- First responding unit should brief the backup unit and it should be decided:
 - Who will approach the <u>front</u>
 - ❖ Who will be the **contact** officer
 - ❖ Who will provide cover
- ❖ Before gaining entry, pause for 10 seconds and listen for **sounds** from within.
- Proper Safety Procedures
- When making contact/entry
 - ❖ Knock using your reaction *hand*, don't stand in front of the door, and identify yourself
 - ❖ Never place a body part into a partially open <u>door</u>

- Allow the occupant to lead the way into the residence. While do so the officer should visually assess the scene and scan for *hazards*.
- Proper Safety Procedures
- Control the movements of the subjects involved in the dispute. The officer should
 - ❖ Separate the disputants
 - The officers should keep sight of the backup officer at all times.
 - ❖ Never allow a party to leave the room *unescorted*
 - Communicate verbally and <u>visually</u> throughout the call
- Proper Safety Procedures
- Criteria for the use of <u>physical restraint</u>.
- ❖ Note any *injuries*, assess the injury, and administer first aid if needed.
- ❖ Restore order.
- Secure the scene.
- Control Techniques
- Showing <u>understanding</u>
- Modeling calm behavior
- Reassurance and <u>encouragement</u>
- The use of distraction (Technique involving the diversion of the disputant's <u>attention</u> usually by asking irrelevant questions.)
- ❖ The role of *humor*
- The need for out shouting (When an officer <u>shouts</u> louder than the disputants in order to be heard.)
- Restatement (When an officer paraphrases the disputant's words.)
- The usefulness of trusted others
- Appropriate vs. inappropriate body language
- Dispute Intervention: The difference between fact finding and interrogation
- Fact finding: Questions such as "what happened"
- Information eligiting methods
 - Listening
 - * Reflection of feelings
 - Encouragement and use of specific and implied <u>invitations</u>
 - ❖ Self-*disclosure* and the use of immediacy
 - ❖ Selective inattention is a dispute intervention technique which is aimed at discouragement of *irrelevant* or excessive comments by the disputants
 - Confrontation
 - Demands
 - ❖ Dispute Intervention: The difference between fact finding and interrogation
- Interrogation: Process of questioning by police of a person arrested or suspected to seek a solution for a crime.
- ❖ Types of questions.
 - Open-ended: cannot be answered by "yes" or "no"
 - Close-ended: "yes" or "no"
- Need for exploring sources of anger.
- Useful vs. useless witness accounts.
 - ❖ Make every effort to obtain a statement from the victim(s) and witness(s).
- Suicide

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Suicide – "The intentional taking of one's own life"

Can be committed by several ways:

Shooting

Stabbing

Poisoning

Burning

Asphyxiayting

Overdose of Drugs

- However, homicides are often made to look like suicides, and many homicides are made to look like accidents.
- Suicide is not a criminal offense, in most states it is a crime to attempt to commit suicide. This allows the state to take legal custody of such individuals for treatment.
- It may also be a crime to assist someone to commit or attempt to commit suicide by:
 - ❖ Advising
 - Encouraging
 - Actual assisting
- ❖ The U.S. Supreme Court has found there is "No constitutional "Right to die" and has left that decision to the individual states.
- ❖ Jack Kevorkian, Pathologist-turned-assisted-suicide-crusader, also known as "Dr. Death" assisted in more than 130 suicides during the 1990's.
- ❖ Jack Kevorkian was eventually tried for murder, found guilty and sent to prison in 1999. He was parole in 2007.
- Suicide
- Suicide
- ❖ Suicide is a very democratic social phenomenon. It knows no <u>discrimination</u> relative to race, color, creed, age, or sex. Suicide is the 3rd leading cause of death among young people ages 15-24. The suicide rate among adolescents has risen more than <u>200</u>% since the 1950's. It is estimated that about 400,000 adolescents attempt suicide each year.
- Suicide
- Seniors over 65 have the largest suicide rate. The suicide rate among seniors is <u>50%</u> higher than the national average. Fifteen seniors commit suicide each day, while approximately 1,000,000 attempts are made by all people.
- Suicide
- Officers themselves are at a higher risk than the general public. The number of officers committing suicide <u>doubled</u> from 1980 to 1990. When a police suicide occurs, the impact reaches far beyond the victim. The event shakes the very core of law enforcement to preserve life, not destroy it.
- Suicide
- Concerned about the problem of police suicides, the Chicago P.D. conducted a 1980 study of all Chicago officer suicides from 1977 to 1979. The data collected indicates that there is a strong correlation between alcoholism and suicide. Twenty officers were the victims of suicide

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during the period studied. Looking only at the numbers a Chicago police officer was <u>FIVE</u> times as likely to commit suicide as a citizen of the city. New York City P.D. lists over 60 officer suicides from 1983 to 1996.

- Suicide
- ❖ It is estimated that suicide in this country is costing states and municipalities approximately \$6,000,0000,000 annually. This includes such expenses as emergency facilities, hospitalization, and loss of income.
- Suicide
- Suicide is the killing of one's self. It is a <u>voluntary</u> and intentional destruction. At one time suicide was considered a <u>felony</u> by common law and was punished by ignominious burial and forfeiture of goods. An attempted suicide was considered a misdemeanor by common law. Under New Mexico law there are no specific provisions for the punishment of <u>suicide</u> or attempted suicide. However it is a crime to cause or aid in a suicide.
- Your Primary Task as a First Responder
- ❖ To bring the situation under control and initiate the appropriate emergency <u>intervention</u>. An officer with basic training in the identification and handling of disturbed persons will have the tools that may effectively <u>calm</u> a crisis situation, prevent harm to the subject or others and assist the subject in obtaining further help. The key in the process is communicating a willingness to listen and a degree of <u>understanding</u> to the disturbed person. In this helping role, it is important to be aware that some types of police intervention may lead to or increase violent reactions. Officers must be aware of alternative interventions, which may avoid the pitfall of rapid <u>tactical</u> response to the mentally and emotionally impaired person and the potential for <u>violent</u> response.
- Operational Safety measures
- Maintain a position of <u>safety</u>
 - Cover and concealment are a must
 - ❖ <u>Firearms</u> are most commonly used to commit suicide
 - ❖ Do not approach a suicidal person who has a *weapon* in his/her hand.
 - ❖ When appropriate an officer should have his/her weapon drawn.
 - ❖ Be aware of the "**suicide-by-cop**" syndrome
- Notify the dispatcher and request appropriate <u>backup</u> and medical personnel.
- ❖ Develop an initial intervention plan
- Advise backup and medical units of <u>circumstances</u>
- Confine and isolate the situation.
- Operational Safety measures
- ❖ Delay rapid actions (<u>Time</u> is a tool)
- ❖ Remain calm
- ❖ Be aware of the environment
- ❖ Note entrances and exits and the swing of the door
- ❖ Survey site <u>damage</u>
- Techniques to approach and/or calm a person that may attempt suicide
- ❖ A common error people make when they are frightened and are trying to be friendly is speaking to someone whom they don't really know in a manner that is too <u>familiar</u> (using someone's first name). People's names are very important to them, and they have deeply rooted and highly <u>emotional</u> feelings about their names. When asking a person's name it is important to find out what he/she <u>prefers</u> to be called.
- Techniques to approach and/or calm a person that may attempt suicide

- ❖ If you are talking to someone who has low self esteem or someone who is acting out in sudden rage, and is contemplating suicide this person may be wielding <u>power</u> for the first time. Thus referring to such a person by the first name or nickname could <u>challenge</u> his/her illusion of power. When asking about a person's name it is important to find out what he/she prefers to be called. Most people will respond to that kind of question because it is a courtesy that shows respect.
- Techniques to approach and/or calm a person that may attempt suicide
- Suicidal people can be <u>manipulative</u>, if they think a person is very concerned about them. They will threaten self destruction to make the other person feel guilty or sorry and thereby obtain what they want. When making a request, keep it simple and direct. The <u>slower</u> the pace of communication, the longer it will last, and the more likely you are to be successful.
- Techniques to calm and/or stabilize a situation involving a suicide attempt
- ❖ Good communication skills are the most effective tool an officer can have. Effective communication techniques are <u>nonphysical</u> tools to calm and resolve a crisis and to make contact with someone who is emotionally disturbed. Be <u>quiet</u> after asking a question: listen carefully as you question the subject. Remember suicide situations are <u>unstable</u>. In addition to the risk of suicide, there is the risk of homicide. These situations should be continually evaluated.
- Suicide: Some Special Considerations
- ❖ Get as much <u>information</u> about the subject as possible
- ❖ Most suicidal people ARE NOT out of touch with reality
- ❖ The suicidal person's overriding feeling is hopelessness
- Suicidal persons may get others to <u>kill</u> them
- ❖ In general, rushing in to rescue the person increases the *risk* to everyone
- ❖ Don't make any sudden *moves* except as a last resort
- * Remove people/things that upset the person; bring in people/things that calm them
- ❖ Suicide: Some Special Considerations
- Protect yourself from becoming a victim
- ❖ Prepare, have a plan
- Maintain at least a 6ft. reactionary distance until you're ready to act
- Stand at an oblique angle with your gun side turned away from them. Use the field interrogation stance.
- Always watch their hands
- Don't challenge their delusions
- Don't negate the seriousness of the crisis, this causes misunderstanding, evokes hostility, causes embarrassment of the subject.
- Conducting the investigation of an attempted suicide
- ❖ If upon arrival of the police officer on the scene of a suicide attempt and the subject is <u>conscious</u>, the officer should try to ascertain the following information from both the subject and any witnesses.
 - Does the subject lack close friends?
 - Has the subject experienced a significant *loss*?
 - Loss of a job in the last six months
 - ❖ Has his/her relationship broken up in the last six months
 - Divorce, separation, or death of a spouse (the suicide rate of the divorced and widowed is higher than that of the married)

- Does he/she have a close friend or family member that has <u>died</u> in the last six months
- Conducting the investigation of an attempted suicide
 - Is he/she currently worried about any major problems?
 - Has had serious financial or family problems
 - ❖ Has he/she given away <u>personal</u> possessions recently
 - ❖ Has he/she or anyone close to him/her have serious *medical* problems
 - Dodes he/she fear the loss of their job
 - Does he/\$he have any psychiatric history?
 - Any psychiatric <u>hospitalization</u>
 - Current psychotropic medication
 - Outpatient psychotherapy within the last six months
 - Conducting the investigation of an attempted suicide
 - Does he/\$he have a history of drug or alcohol <u>abuse</u>?
 - ❖ Has he/she ever been <u>arrested</u> for DWI
 - Has alcohol or drugs ever caused problems in his/her life like losing job, causing fights with significant other, or damaging his health
 - Has anyone ever <u>complained</u> about his/her alcohol or drug abuse
- Conducting the investigation of an attempted suicide
 - Does the subject hold a position of <u>respect</u> or has he/she allegedly committed a shocking crime?
 - Criminal <u>indictment</u>
 - ❖ You need to know the nature of the person's <u>employment</u> and if he/she holds an elected office. Certain people who are in the public eye or whose professions hold public respect (i.e. doctors, lawyers, executives, etc.) may be more prone to attempt suicide when <u>arrested</u> or when an arrest is forthcoming.
- Conducting the investigation of an attempted suicide
 - Subject is thinking about killing him/herself. Comments like:
 - I want to kill myself
 - ❖ I won't be a burden anymore
 - ❖ I have nothing to *live* for
 - ❖ I will always feel this way
 - ❖ No one will *miss* me when I'm gone
- Conducting the investigation of an attempted suicide
 - Subject has had a previous suicide attempt. (80% of all persons who kill themselves have made at least one previous attempt)
 - Subject feels there is *nothing* to look forward to.
 - They feel like giving up trying to make things better for themselves.
 - They state they have nothing to look forward to.
- Conducting the investigation of an attempted suicide
 - Look for signs and symptoms of depression that you have previously learned in other sections. Most important you need to be attuned to the subject's <u>non-verbal</u> expressions and behaviors to identify signs of depression (crying, posture, lethargy).
- ❖ Conducting a Suicide Investigation
- ❖ Upon the arrival of a police officer on the scene of what the officer believes is a suicide, it is imperative that the officer treat the scene as a *homicide* investigation. The lack of an

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eyewitness, a conclusion of suicide can only be drawn after a careful <u>study</u> of the type of injury, the presence of the weapon, or instrument of death, the existence of a <u>motive</u>, and elimination of a theory of murder, accident, or <u>natural</u> causes. In attempting to ascertain if this was a suicide the information previously discussed in the investigation of a suicide attempt as well as the following questions should be asked.

- Conducting a Suicide Investigation
- ❖ <u>Type of injury</u> The <u>cause</u> of death is one of the best indicators in determining whether the case is one of suicide. The type or <u>nature</u> of the injury is not a conclusive indicator but can establish to a degree the improbability of self-infliction.
- Conducting a Suicide Investigation
- Position and awkwardness As a general principle, it may be stated that any part of a body accessible to the suicide is also accessible to the <u>murderer</u>. Suicides are prone to select the <u>front</u> of the body for attack. With a knife, they will select the throat, wrist, and heart region. With a gun the choice is usually among the temple, forehead, center of the back of the head, mouth, and heart. Keep in mind that the position of the wound or the <u>difficulty</u> of self-infliction does not exclude suicide as an explanation.
- Conducting a Suicide Investigation
- Combination of methods A combination of methods or a choice of <u>several</u> sites is indicative of suicide. For example, cutting the wrists as well as the throat, poison as well as hanging.
- Extent of the wound It is difficult to draw a conclusion from the extent or <u>number</u> of wounds. Often a deranged suicide will inflict very severe wounds in great numbers. <u>Experimental</u> wounds and hesitation wounds may be observed in suicides performed with a knife.
- Conducting a Suicide Investigation
- Direction of the wound In cases of firearms, the officer can determine whether the person could have fired the fatal shot from a consideration of the <u>direction</u> involved and the limitations of the human body in "<u>positioning</u>" the weapon. In addition, a chemical test will ascertain if the subject fired the weapon. In stab wounds, the presence of purposeless incisions is indicative of an assailant trying to discover a <u>vital</u> spot. A series of parallel slashes on the left side of the head and neck would suggest suicide.
- Conducting a Suicide Investigation
- ❖ Painfulness It is logical to expect that a suicide will select the <u>least</u> painful way of dying. The popularity of carbon monoxide and barbiturates as suicidal agents is attributable to the desire to avoid excessive pain. It must not be <u>concluded</u>, however, that because the form of death is too horrible to contemplate from the point of view of self-infliction, the death must be a murder.
- Conducting a Suicide Investigation
- ❖ <u>Disfigurement considerations</u> A female suicide will tend to avoid purposely <u>disfiguring</u> her face. Her natural anxiety concerning her appearance extends even to the <u>impression</u> she will make on viewers of her death. (This should be noted if a male victim was known to be vain.)
- Incapacitating sequence Certain combinations of wounds suggest a physical impossibility. To draw a conclusion of suicide, the wounds should not be physically *improbable*.
- Conducting a Suicide Investigation
- Presence of a weapon If the cause of death was a gunshot wound, the firearm should be <u>present</u>. If not, a search for the weapon should be made since a person, even thought mortally wounded, is capable of considerable activity. Also not to be ruled out is the possibility of the weapon being <u>stolen</u>.